Universal 911 Dialing- Combined First and Second Transition Report				
Section 1				
Carrier Identification Information				
Parent Company Name:				
Nextel Partners, Inc.				
Service Provider Name:				
Nextel Partners				
Thexiel Fulfillers				
Company Address, City, State, Zip:				
10120 West 76th Street				
Eden Prairie, MN 55344				
Service Provider Type				
Wireless				
Name(s) of Wireless License Holder(s):				
Nextel WIP License Corp.				
Nextel WIP Expansion Corp.				
Nextel WIP Expansion Two Inc.				
Contact Name:				
Brent G. Eilefson, Esq.				
Contact Tel #:				
952-238-2572				
Fax #:				
952-238-7372				
E-mail Address:				
Brent.eilefson@nextelpartners.com				

Section 2 Local Area 911 Implementation				
List all individual local areas covered by this report (e.g., Lee County, Virginia):				
County State				
State				
Fayette				
Illinois				
Iroquois				
Illinois				
Schoharie				
New York				
Seneca				
New York				
Steuben				
New York				
New Tork				
Ritchie				
West Virginia				
Greene				
Alabama				
Johnson				
Arkansas				
Candler				
Georgia				
Cook				
Georgia				
Dooly				
Georgia				
Pike				
Alabama				
Addanta				
(a) For each area listed above, identify the emergency response point to which 911 calls will be routed. <u>County</u>				
State				
<u>PSAP</u>				
Fayette				
Illinois				
Fayette County Sheriff				
Iroquois				
Illinois				



(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.				
Transition is Complete.				
(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.				
Transition is Complete.				
Section 3 911 Implementation Problems				
(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.				
No problems encountered.				
(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.				
Not Applicable.				
Section 4				
Certification - To be signed by an authorized representative of the reporting entity				
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.				
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing				
report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities				
covered by the report as of				

Printed name of authorized representative: David Thaler				
Title: Vice President of Business Operations				
Date: March 11, 2002				
This filing is:	original filing	☐ revised filing		
PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE. 18 U.S.C. §1001.				